No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 4076
Registrar's No. 269

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 845 So. 19th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 845 So. 19th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gordon Dulin Wright
3. (b) If veteran, name war W. W. #1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Wright
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December (Month) 15 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	2	12	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Doctor
11. Industry or business Medicine
FATHER
12. Name Leland Wright
13. Birthplace Butler (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Frances Williams
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Ida Wright
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 3-4-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 277

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1948 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Viewed Feb, 27th, 1948, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG St. Joseph, Mo. Date signed 7/2 '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 29 1948

MAR 19 1948

FEB 17 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 5804

P. O. Address 319 So 10th St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.